

Request for Drug Court-Related Training/Travel Using Court-Managed Drug Court Training/Travel Grant Funds

Name:		Date of Request:
Agency/Division:	Job Title:	
Address:	Phone #: _____ Fax #: _____ Mail Station #: _____ E-mail: _____	
Training Course/Conference Title:		
Date(s) of Training/Conference:	Approximate total cost (including registration, air travel, hotel and per diem):	
Describe how this course relates to your current job duties and how it will contribute to your performance. Attach a copy of the course/conference description.		
Note: If applicable, are you requesting to attend Pre-Conference too? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long do you anticipate continuing in your Drug Court Assignment? _____		

I understand that this request is only to obtain approval to use Court-managed drug court travel/training funding for my travel/training, and that I must go through my agency/court division for approval of leave and travel, using standard, accepted procedures of my agency/court. Upon final approval of all requests, it is my responsibility to notify Judicial Services Division of the Superior Court to make all travel arrangements, including hotel and airline reservations (Phone 619/531-3434; Mail Station C-44). I also understand that I will be required to provide my credit card number to Judicial Services so that they may secure reservations.

Signature

<i>For Collaborative Courts' Coordinator Use Only</i>	
Priority #: _____	
Approved/Not Approved by the SAPAC on _____	
Comments: _____	

